Under the Paperwork Reduction Act of	f 1995 no persons are rec	guired to re				PARTMENT OF COMMERCE s a valid OMB control number	
			Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nur	mber 10.	10/748,861		
FEE TRANSMITTAL For FY 2006		Filing Date	12	12/30/2003			
		First Named In	ventor Sa	Sanzo			
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	е То	n, My Trang			
<u> </u>		Art Unit	28	16			
TOTAL AMOUNT OF PAYMENT	(\$) 120.00)	Attorney Docke	t No. TI-	36644		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 20-0668 Deposit Account Name: Texas Instruments Inc.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Glass and different factors and factors are an additional and factors and fact							
under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the	ees below are due	upon fi	ling or may be	subject to	o a surcharge	.)	
1. BASIC FILING, SEARCH, A							
FILI	NG FEES Small Entity	SEAR	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application Type Fee	(\$) <u>Fee (\$)</u>	Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility 300	150	500	250	200	100		
Design 200	100	100	50	130	65		
Plant 200	100	300	150	160	80		
Reissue 300	150	500	250	600	300		
Provisional 200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description					Fee (\$)	Small Entity Fee (\$)	
	Each claim over 20 (including Reissues)				50	25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
Total Claims Extra - 20 or HP =	Claims Fee (\$)	Fee	Paid (\$)		Fee (\$)	ependent Claims Fee Paid (\$)	
HP = highest number of total claims ;					1 66 (5)	1 66 F 810 (3)	
Indep. Claims Extra - 3 or HP =	Claims Fee (\$)	Fee	Paid (\$)				
3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1,52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x =							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surch	Other (e.g., late filing surcharge): One Month Extension 120.00						

SUBMITTED BY							
Signature	/Douglas M. Hamilton/	Registration No. (Attorney/Agent) 47629	Telephone 720-266-4728				
Name (Print/Type)	Douglas M. Hamilton		Date 08/03/2006				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to life (and by the USFT 00 process) an application. Confidentially is governed by 38 U.S.C. 124 and 37 CFR 1.141. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFT0. Time will vary depending upon the individual case. Any common to the amount of time you require to complete this form and/or suggestions for medicing this burden, should be sent to the Christ Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.